

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/20/2012
FORM APPROVED
OMB NO. 0938-0301

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445502	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN B. WING _____		(X3) DATE SURVEY COMPLETED 08/13/2012
NAME OF PROVIDER OR SUPPLIER CHRISTIAN CARE CENTER OF RUTHERFORD COUNTY LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 202 ENON SPRINGS ROAD EAST BMYRNA, TN 37167		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 028 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1</p> <p>This STANDARD is not met as evidenced by: Based on observation, it was determined the facility failed to provide one hour fire rated construction.</p> <p>The finding included:</p> <p>Observation of the boiler room on 8/12/12 at 11:58 AM, revealed one fire wall penetration.</p> <p>This finding was acknowledged by the administrator and verified by the maintenance director during the exit conference on 8/12/12.</p>	K 028	<p>K 028</p> <p>Christian Care Center of Rutherford County believes its current practices were in compliance with the applicable standard of care, but in order to respond to this citation from the surveyors, the facility is taking the following additional actions:</p> <p><u>Corrective Actions for Targeted Residents</u></p> <p>On 8/17/12, the Maintenance Director sealed the penetration in the boiler room with fire caulk that would resist the passage of smoke with rating equal to the partition.</p> <p><u>Identification of Other Residents with Potential to be Affected</u></p> <p>The Maintenance Director inspected smoke barrier walls on 8/23/12, and determined that no other penetrations in the smoke barrier wall existed.</p>		
K 064 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1. 19.3.5.6, NFPA 10</p>	K 064	<p><u>Systematic Changes</u></p> <p>The facility will require any internal or external contractor/laborer to advise the Maintenance Director or Administrator prior to working on any smoke barrier wall and will be required to seal penetrations as work proceeds.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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NAME OF PROVIDER OR SUPPLIER CHRISTIAN CARE CENTER OF RUTHERFORD COUNTY LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 202 ENON SPRINGS ROAD EAST SMYRNA, TN 37187		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 064	Continued From page 1 This STANDARD is not met as evidenced by: Based on observation it was determined the facility failed to provide fire extinguishers as required. The finding included: Observation of the kitchen on 8/12/12 at 11:10 AM, revealed the fire extinguisher was blocked by the exit door when open. This finding was acknowledged by the administrator and verified by the maintenance director during the exit conference on 8/12/12. NFPA 101 LIFE SAFETY CODE STANDARD	K 064	The Maintenance Director and external contractors and laborers are required to use fire caulk that meets ASTM E-814, UL 1479, and CAN/ULC S115, and will have an equal or greater fire rating than the wall. <u>Monitoring</u> Findings of quarterly smoke wall inspections will be reported by the Maintenance Director to the Performance Improvement Committee for review. The Performance Improvement Committee consists of the Administrator, Director of Nursing, Assistant Director of Nursing, MDS Coordinator, Medical Records Director, Maintenance Director, Social Services Director, Dietary Manager, Housekeeping/Laundry Director, Activities Director, Business Office Manager, HR Manager, Medical Director and Consultant Pharmacist. Recommendations to be followed up by the facility's Maintenance Director and Administrator to assure compliance.	9/15/12	
K 069 SS=F	Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 98 This STANDARD is not met as evidenced by: Based on observations, it was determined the facility failed to protect the cooking facilities. The findings included: 1. Observation of the kitchen on 8/12/12 at 11:00 AM, revealed greasy hood filters and grease running down the back guard. 2. Observation of the kitchen on 8/12/12 at 11:05 AM, revealed grease build up in the main oven. These findings were acknowledged by the administrator and verified by the maintenance director during the exit conference on 8/12/12. NFPA 101 LIFE SAFETY CODE STANDARD	K 069			
K 076 SS=E		K 076			

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NAME OF PROVIDER OR SUPPLIER CHRISTIAN CARE CENTER OF RUTHERFORD COUNTY LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 202 ENON SPRINGS ROAD EAST SMYRNA, TN 37167		
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K 064	Continued From page 1	K 064	K 064		
	<p>This STANDARD is not met as evidenced by: Based on observation it was determined the facility failed to provide fire extinguishers as required.</p> <p>The finding included:</p> <p>Observation of the kitchen on 8/12/12 at 11:10 AM, revealed the fire extinguisher was blocked by the exit door when open.</p> <p>This finding was acknowledged by the administrator and verified by the maintenance director during the exit conference on 8/12/12.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Cooking facilities are protected in accordance with 9.2.3, 19.3.2.6, NFPA 96</p> <p>This STANDARD is not met as evidenced by: Based on observations, it was determined the facility failed to protect the cooking facilities. The findings included:</p> <ol style="list-style-type: none"> 1. Observation of the kitchen on 8/12/12 at 11:00 AM, revealed greasy hood filters and grease running down the back guard. 2. Observation of the kitchen on 8/12/12 at 11:05 AM, revealed grease build up in the main oven. <p>These findings were acknowledged by the administrator and verified by the maintenance director during the exit conference on 8/12/12.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD</p>		<p>Christian Care Center of Rutherford County believes its current practices were in compliance with the applicable standard of care, but in order to respond to this citation from the surveyors, the facility is taking the following additional actions:</p> <p><u>Corrective Actions for Targeted Residents</u></p> <p>On 8/23/12, the Maintenance Director relocated the fire extinguisher in the kitchen, so that it is no longer blocked by the exit door when it is opened.</p> <p><u>Identification of Other Residents with Potential to be Affected</u></p> <p>On 8/23/12, the Maintenance Director reviewed the locations of the fire extinguishers in the building to ensure that they cannot be blocked.</p> <p><u>Systematic Changes</u></p> <p>The Maintenance Director will consult with the contracted fire extinguisher company during their annual inspection on proper placement of fire extinguishers and record findings in a quality assurance study.</p>		
K 069 SS=F		K 069			
K 076 SS=E		K 076			

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NAME OF PROVIDER OR SUPPLIER

CHRISTIAN CARE CENTER OF RUTHERFORD COUNTY LLC

STREET ADDRESS, CITY, STATE, ZIP CODE

292 ENON SPRINGS ROAD EAST
SMYRNA, TN 37167

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K 064	Continued From page 1	K 064	<u>Monitoring</u> Findings of the quality assurance study will be reported by the Maintenance Director to the Performance Improvement Committee annually for review. The Performance Committee consists of the Administrator, Director of Nursing, Assistant Director of Nursing, MDS Coordinator, Medical Records Director, Maintenance Director, Social Services Director, Dietary Manager, Housekeeping/Laundry Director, Activities Director, Business Office Manager, HR Manager, Medical Director and Consultant Pharmacist. Recommendations to be followed up by the facility's Maintenance Director and Administrator to assure compliance.	9/15/12
K 069 SS=F	This STANDARD is not met as evidenced by: Based on observation it was determined the facility failed to provide fire extinguishers as required. The finding included: Observation of the kitchen on 8/12/12 at 11:10 AM, revealed the fire extinguisher was blocked by the exit door when open. This finding was acknowledged by the administrator and verified by the maintenance director during the exit conference on 8/12/12. NFPA 101 LIFE SAFETY CODE STANDARD Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 98	K 069		
K 076 SS=E	This STANDARD is not met as evidenced by: Based on observations, it was determined the facility failed to protect the cooking facilities. The findings included: 1. Observation of the kitchen on 8/12/12 at 11:00 AM, revealed greasy hood filters and grease running down the back guard. 2. Observation of the kitchen on 8/12/12 at 11:05 AM, revealed grease build up in the main oven. These findings were acknowledged by the administrator and verified by the maintenance director during the exit conference on 8/12/12. NFPA 101 LIFE SAFETY CODE STANDARD	K 076		

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NAME OF PROVIDER OR SUPPLIER CHRISTIAN CARE CENTER OF RUTHERFORD COUNTY LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 202 ENON SPRINGS ROAD EAST SMYRNA, TN 37167		
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K 084	Continued From page 1 This STANDARD is not met as evidenced by: Based on observation it was determined the facility failed to provide fire extinguishers as required. The finding included: Observation of the kitchen on 8/12/12 at 11:10 AM, revealed the fire extinguisher was blocked by the exit door when open. This finding was acknowledged by the administrator and verified by the maintenance director during the exit conference on 8/12/12. NFPA 101 LIFE SAFETY CODE STANDARD	K 084	<u>Corrective Actions for Targeted Residents</u> On 8/13/12, the Dietary Manager thoroughly cleaned the hood filters, hood wall guard and main oven – removing all grease residue. <u>Identification of Other Residents with Potential to be Affected</u> The Dietary Manager, assisted by the Registered Dietician, completed a sanitation cleaning audit and inspected other cooking equipment on 8/12/12 and determined that no other equipment had a grease residue buildup.		
K 069 SS=F	Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 98 This STANDARD is not met as evidenced by: Based on observations, it was determined the facility failed to protect the cooking facilities. The findings included: 1. Observation of the kitchen on 8/12/12 at 11:00 AM, revealed greasy hood filters and grease running down the back guard. 2. Observation of the kitchen on 8/12/12 at 11:05 AM, revealed grease build up in the main oven. These findings were acknowledged by the administrator and verified by the maintenance director during the exit conference on 8/12/12. NFPA 101 LIFE SAFETY CODE STANDARD	K 069	<u>Systematic Changes</u> A cleaning schedule has been developed by the Registered Dietician. Dietary staff will be in-serviced on 8/30/12 by the Dietary Manager, with the assistance of the Registered Dietician, on proper cleaning methods and time frames to prevent grease buildup. The hood filters, wall guard, and oven will be cleaned weekly by the Dietary staff.		
K 076 SS=E		K 076			

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K 069 SS=F	Cooking facilities are protected in accordance with 9.2.3. 19.3.2.8, NFPA 96 This STANDARD is not met as evidenced by: Based on observations, it was determined the facility failed to protect the cooking facilities. The findings included: 1. Observation of the kitchen on 8/12/12 at 11:00 AM, revealed greasy hood filters and grease running down the back guard. 2. Observation of the kitchen on 8/12/12 at 11:05 AM, revealed grease build up in the main oven. These findings were acknowledged by the administrator and verified by the maintenance director during the exit conference on 8/12/12. NFPA 101 LIFE SAFETY CODE STANDARD	K 069			
K 076 SS=E		K 076			

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K 076	<p>Continued From page 2</p> <p>Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities.</p> <p>(a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation.</p> <p>(b) Locations for supply systems of greater than 3,000 cu.ft. are vented to the outside. NFPA 99 4.3.1.1.2, 19.3.2.4</p> <p>This STANDARD is not met as evidenced by: Based on observation, it was determined the facility failed to protect the medical gas storage room.</p> <p>The finding included:</p> <p>Observation of room 5 oxygen storage on 8/12/12 at 11:51 AM, revealed 5 E cylinders of oxygen unsecured.</p> <p>This finding was acknowledged by the administrator and verified by the maintenance director during the exit conference on 8/12/12.</p>	K 076	<p><u>K 076</u></p> <p>Christian Care Center of Rutherford County believes its current practices were in compliance with the applicable standard of care, but in order to respond to this citation from the surveyors, the facility is taking the following additional actions:</p> <p><u>Corrective Actions for Targeted Residents</u></p> <p>On 8/12/12, the Maintenance Director secured oxygen cylinders in the oxygen storage room.</p> <p><u>Identification of Other Residents with Potential to be Affected</u></p> <p>On 8/12/12, the Maintenance Director inspected other oxygen storage locations and did not find any unsecured oxygen cylinders.</p> <p><u>Systematic Changes</u></p> <p>The Maintenance Director and Director of Nursing will in-service staff on 8/27/12 regarding proper storage and securing of oxygen cylinders. Newly hired staff will also be in-serviced on proper storage of oxygen cylinders during orientation.</p>		

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K 076	<p>Continued From page 2</p> <p>Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities.</p> <p>(a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation.</p> <p>(b) Locations for supply systems of greater than 3,000 cu.ft. are vented to the outside. NFPA 99 4.3.1.1.2, 19.3.2.4.</p> <p>This STANDARD is not met as evidenced by: Based on observation, it was determined the facility failed to protect the medical gas storage room.</p> <p>The finding included:</p> <p>Observation of room 5 oxygen storage on 8/12/12 at 11:51 AM, revealed 5 E cylinders of oxygen unsecured.</p> <p>This finding was acknowledged by the administrator and verified by the maintenance director during the exit conference on 8/12/12.</p>	K 076	<p><u>Monitoring</u></p> <p>The Administrator, Director of Nursing, Assistance Director of Nursing, Charge Nurse and Maintenance Director will visually check daily to ensure that the oxygen cylinders are secured. An audit will be performed by the Director of Nursing and results will be reported to the Performance Improvement Committee monthly. The Performance Improvement Committee consists of the Administrator, Director of Nursing, Assistant Director of Nursing, MDS Coordinator, Medical Records Director, Maintenance Director, Social Services Director, Dietary Manager, Housekeeping/Laundry Director, Activities Director, Business Office Manager, HR Manager, Medical Director and Consultant Pharmacist. Recommendations to be followed up by the facility's Director of Nursing and Administrator to assure compliance.</p>	9/15/12	